

# ABERGAVENNY BOROUGH

# Medical Officer

of

Health's Report

S. M. R. HARVEY, B.Sc., M.B., Ch.B., C.P.H.



# Annual Report, 1951

I have the honour to present the 69th Annual Report of the Medical Officer of Health, Abergavenny Borough.

During the year the health of the population of the Borough has been, on the whole, well maintained. The Birth-rate shows a satisfactory increase in 1951 as compared with 1950, and is higher than the rate for the County of Monmouthshire. If Influenza and Tuberculosis be excepted, 1951, as regards Infectious Diseases, was a good year. The other health statistics for the year are not so uniformly satisfactory. The general crude death rate is slightly higher than in 1950, and is still considerably above the prevailing rate for the County, this is probably due to the fact that there is a higher proportion of the older age groups domiciled in the Borough. Although the Infant Mortality Rate shows an appreciable decrease, it continues to be higher than the rate for the country as a whole, similarly the still birth-rate. The maternal mortality rate is up, but as the calculations are based only on one death, the rise is not alarming. There have been more deaths attributable to Cancer: it is possible that this rise is due to the fact that more people are living to the age when Cancer is likely to occur.

It is often not easy to establish the precise relationship between housing conditions and disease, but it is generally accepted that bad housing conditions are inimical to the health of the people. Although 296 new Council houses have been built since the end of the War, the problem of housing and the evils of overcrowding in Abergavenny remains acute, particularly when one considers the large number of people still on the Council's Waiting list. Flannel Street, Tudor Street and Mill Street, to mention a few, have become districts which, under normal circumstances, would undoubtedly qualify as Clearance Areas. Due to circumstances beyond the control of the Council, it is only possible to deal with the very worst individual houses. The housing problem still remains unsolved with some 150 substandard houses to be dealt with. It is appreciated that the Housing Authority is undertaking all possible steps to overcome the housing difficulties and that the housing programme is proceeding.

Although the estimated population of the Borough in 1951 shows a slight increase, it has remained relatively static in numbers for many years. But it would appear that there has been a change in the age distribution. Due to an overall decline in the birth-rate (18'1 in 1951 against 24'3 in 1901) during the present century, there are fewer younger members in the community, whereas a longer expectation of life has increased the ranks of the elderly. With this changing pattern in age distribution, the problem of providing adequate care, both socially and medically for the increasing numbers of old people has become progressively larger. Here, the Local Authority can play its part. As the majority of the aged prefer to live in their homes, I beg to draw the attention of the Housing Authority to the need for providing more bungalows and flats exclusively to old people. At the same time, care should be taken that the old people are not segregated. The need for improving the arrangements for feeding old people, by means of meals on wheels, etc., should be emphasised.

With one exception, the sanitary conditions in the town are satisfactory. May I draw the attention of the Local Authority to the necessity for establishing new Sewage Disposal Works within the Borough. The present method is both antiquated and ineffective. From a public health aspect it should be sufficient to say that there can be definite danger to health when a river, in this case, the River Usk becomes polluted with sewage.

# Maternity and Child Welfare.

Leven House, Lion Street, was occupied in August, 1951, for the purposes of the No. 10 Area Health Office. At the same time, accommodation was made available for the maternity and child welfare clinics. The Infant Welfare Clinic is held on the Tuesday of each week, and Ante-natal Clinic on alternate Tuesdays. Mothers and children under 5 years of age from the Borough of Abergavenny and from the Rural District may attend at these Clinics. There are two Health Visitors and a Doctor in attendance.

I wish to stress here the importance of early and regular attendance of expectant mothers at the ante-natal clinic, so that any departure from the normal may be detected as soon as possible, and the necessary steps taken in respect of adequate care of the mothers.

Unfortunately, too often many expectant mothers delay attending until late in pregnancy.

It is now the practice in the ante-natal clinic to make a routine blood examination of all patients for the purpose of detecting venereal diseases and for determining the pregnant mother's blood group. The educational side of ante-natal work is also of great importance and includes advice about general health, rest, diet, sleep and comfort.

In 1951, a monthly average of 180 babies attended the Infant Welfare Clinic. Welfare Food is obtainable at the Centre with the exception of National Dried Milk, Cod-liver Oil and Orange Juice which are available at the Food Office.

The principle causes of Infant deaths are Prematurity, Congenital Debility, Congenital Abnormalities and Pneumonia. Adverse physical conditions and lack of care, which the older child can withstand often prove fatal during earlier months of life. Material resources (housing standards, sanitation, feeding, etc.) parental care and medical and nursing services, each play a part in the infant's chance of survival. The Infant Welfare Clinic has an important role in the care of the infant and young child. Babies are weighed weekly and are seen regularly by the Doctor. Health Education is stressed and informal talks are given to mothers in the principles of hygiene and healthy living. The prevailing Infant Mortality Rate calls for renewed efforts on the part of all concerned with the care of infants.

Towards the end of 1951, the routine skin testing of children under 5 years, with tuberculin was introduced at the Infant Welfare Clinic. The Mantoux and Jelly Tests are employed. Any Positive reactions are referred to the Chest Physician, and all efforts are then concentrated in determining the source of infection. This aspect of Infant Welfare Work forms a part of the Anti-Tuberculosis Scheme in operation throughout the County of Monmouthshire.

Vaccination against Small Pox and Immunisation against

Diphtheria are also undertaken at this Clinic. The main object of immunisation schemes is to secure that each generation of infants receives protection at an early age. It is now recommended that an infant should be immunised against diphtheria at or about the age of 8 months. The fall in the incidence of Diphtheria in recent years is beyond reasonable doubt a remarkable preventive triumph mainly attributable to immunisation. Vaccination against Small Pox is advised when the child has attained the age of 3 months. Since compulsory vaccination has been abolished, the Borough of Abergavenny, like the rest of the country, has followed the trend of a decrease in the numbers vaccinated; from the public health point of view this is regrettable. Small Pox continues to occur sporadically in various parts of the country and we are never free from the possibility of an outbreak of this disease. Healthy living conditions, good sanitation and general public health services are no substitute for vaccination in connection with the prevention and control of Small Pox.

Since the National Health Service Act, 1946, came into operation, Vaccination against Small Pox and Immunisation against Diphtheria have been carried out free of charge both at the surgeries of General Practitioners and at the Maternity and Child Welfare Centres. Great encouragement is given to Mothers to have their children vaccinated and immunised. In the Borough of Abergavenny, the Public Health Department sends a Birthday Card to parents reminding them of the advantages of immunisation.

It is gratifying to note that both vaccination and immunisation figures have improved in 1951.

Vac	cination against Sn	nali Pox.
Age Groups	Numbers vaccing in 1950	ated Numbers vaccinated in 1951
Under 1 year 1—4 years 5—14 years 15 plus	16 4 – 6	9 20 6 13
Totals	26	46

# Immunisation against Diphtheria.

Age Groups	Numbers immunise in 1950	d Numbers immunised in 1951
Under 5 years 5—14 years	85 2	83 19
Totals	87	102

# Domiciliary Midwifery Service.

Under the re-allocation of the District Midwifery Service, one District Midwife is resident in the Borough. The monthly average of nursing visits was 66.

## District Nursing Service.

There is one District Nurse resident in the Borough. The monthly average of nursing visits was 327.

# Health Visiting.

One Health Visitor is employed for routine Domiciliary Visits, Tuberculosis visiting, School Inspections (cleanliness of body and clothes) and for attending the Maternity and Child Welfare Clinic.

# Domestic Help Service.

The County Council provides a Domestic Help Service for those cases where there is illness and where there is no able-bodied relative to give the necessary assistance in the household.

The service has been useful in providing assistance to aged persons and cases of Chronic Sick, who otherwise would have had to be admitted to Hospital, thereby helping to relieve the pressure upon hospital accommodation.

The Service is under the direction of the Area Committee Clerk (Mr. D. A. Lewis). Applicants for the Service are assessed to repay the cost of the service in relation to their income; persons with a gross income of less than £3/0/0 per week receive the Service free of charge.

The hours allocated to each case are recommended after personal investigation by the District Nurse, Midwife or Health

Visitor, are submitted to me for approval. Cases where recommendation exceeds 30 hours per week have to be submitted by the Area Committee Clerk to the County Health Committee for investigation, except maternity cases.

There are approximately 43 Domestic Helps in the area of which approximately 20 are working in the Borough. All are engaged on a Temporary part-time basis. The number of cases in the area was 88; the average monthly number of hours worked was 2,600.

#### Ambulance Service.

Abergavenny Borough is served by two St. John Ambulances with four drivers, and they provide the Ambulance Services for the Borough and adjacent area, under the central control of the County Ambulance Officer at Caerleon. This system seems to work reasonably well. Control aims at making the most economic use of ambulances and mutual assistance between local Health Authorities avoids, as far as possible, ambulances running empty. However, it is felt that when the sick are transported by ambulance, there should always be an attendant with some nursing training travelling along with the Ambulance Driver.

#### Health Education.

The close of the 19th Century saw the Public Health environmental services established on a reasonably satisfactory basis. During the last 50 years, these have been improved and the personal health services developed. At first, the importance of Health Education was not fully appreciated but it is now realised that disease cannot be prevented or health promoted by social action alone, there must be full co-operation from an enlightened public,

Health Education is carried out at present by official bodies such as the Ministry of Health, by Local Authorities through their health and education departments, and by independent bodies such as the Central Council for Health Education and the National Association for the Prevention of Tuberculosis, etc.

In order to further to disseminate knowledge in respect of Health Education, a Health Conference was held at the Town Hall, Abergavenny, on the 11th September, 1951. this being the 3rd Annual Health Conference in the County of Monmouthshire. The Speakers included:—

- E. C. Downer, M.D., D.P.H., Chief Medical Officer for the County Borough of Middlesborough.
- John Burton, B.A., M.R.C.S., L.R.C.P., D.P.H., Acting Secretary to the Central Council for Health Education; and
- Anne Burgess, M.B., Ch.B., L.D.S., Adviser to the Central Council for Health Education.

The Conference was well attended and it was apparent that members of the general public are becoming more and more health conscious.

#### Mental Health Service.

A County Psychiatrist was appointed in 1948 for the purpose of a Mental Health Service. This service, in the No. 10 Area, now operates from Leven House. The service is co-ordinated with the Regional Hospital Board and Hospital Management Committees.

No adult Guidance Clinics are held in Abergavenny but individual cases, patients suffering from early nervous strain, and who are finding difficulty in adjusting themselves in their homes or at their work, are seen by Dr. J. Newcombe, the County Psychiatrist. Cases considered too far advanced are referred to the Regional Hospital Board Psychiatrist.

# Medical Appliances.

The location of the Medical Appliances Depot for the Borough is St. John Ambulance Hall, Abergavenny.

# Welfare Services.

The Welfare Officer of No. 10 Area caters for the needs of Abergavenny Borough as regards Welfare Services, which come within the provisions of the National Assistance Act (1948-51).

# National Assistance Act, 1948-51. Section 47.

Action was taken in 2 cases during the year. The first was a woman about 81 years. She was living alone and in filthy conditions. She was partially blind and stone deaf, and also suffered from

Chronic Bronchitis. Consequently, she was unable to devote herself proper care and attention, neither was she receiving care from any other persons. An application was made to the Court for an order for her detention at Tredegar Hospital. The Order was granted for a period of 3 months, on the expiry of which, further representation was made and the Order was extended for a further period of three months. The woman died some time after the extension was made.

The second case was a man aged 80 years. He also, was living alone, and unable to devote to himself proper care and attention. A Home Help was provided but all efforts to persuade the man to be attended to, failed. Therefore, an application was made to the Court for an Order for his detention at Tredegar Hospital. As in the first case, the Order was granted for a period of three months.

VI	TA	I	ST	ΔΤ	IS	ΓI	CS
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			1938	1947	1948	1949	1950	1951
Area in Acr	es		2398	2398	2398	2398	2398	2398
Population (	Estimat	ed)	7925	8427	8532	8597	8534	8904
Inhabited Hoing to R				2388	2455	2495	2518	2594
Rateable Va	lue	4	£ 19304	£ 51658	£ 53028	£ 55296	£ 56000	£ 56831
1d. Rate			188	202	203	203	207	208
		=						
1951	Total	М.	F.		1951	l Bo	rough	County
Live Births	s—							
Legitimate Illegitimate	149 12 —	81 7 —	68 I	Birthrate estima popula	ted res	000 of sident 	18 <sup>.</sup> 1	16.5
Total	161	88	73)					
Still Births	5							
Legitimate Illegitimate	9	5 0	4 0		r 1,000 & Still E	Births)	52:09	
Total	9	5	4)]	Rate per			1.01	0.49

1951	Total	M.	F.	1951	Borough	County
Deaths—			) Develop	1 (	200	
All Causes	157	83	74 estima popula	ate per 1,0 ted reside tion	ent 17 <sup>.</sup> 6	13.38
Deaths from Cancer — a ages		13		age of dea cer-68 yea	ath ars	
Deaths due	to Pregi	nancy	, Childbirth, A	Abortion—	- 1.	
Maternal M	ortality	Rate	(Rate per 1,00	00 births)	5.88	1.48
Infant Mo	rtality_	_				
Inf	ant Deat	hs fro	om Measles		Nil	
	,,	,,	Whooping	Cough	Nil	
	,,	,,	Diarrhœa		Nil	
	,,	, ,	All Causes		7 (4M.	3F.)
Deatl	ns of Chi	ildren	under 1 year	of age in A	Age Groups	s.
	Age Gi	oup.	Nu	mber of D	eaths	
J	Jnder 1	week			1	
1	- 3 we	eks			4	
1	- 2 mo	nths			0	
3	- 5 mo	nths		(	)	
6	- 8 mo	nths		(	)	
9	- 12 m	onths		2	2	
			Total	7	- 7	
Infant Morta	ality Rat	(Leg	te per 1,000 Li gitimate) gitimate)	ve Births) 	Borough 43'47 46'98 Nil	County 43 <sup>°</sup> 1

Year. Popul. 19318490 (E	Estimated)	Births.	Deaths. 119	Birth Rate 16 <sup>.</sup> 10	Death Rate 14.01
8608 (C 19387925 (1	New Borough)	115	108	14.50	13.6
19397832	do.	118 122	144 149	15·10 14·50	18 <sup>.</sup> 38
19408407 19418769	do. do.	130	135	14.60	15 <sup>.</sup> 39
19428468	do.	134	113	18.80	13.34
19438174	do.	127	122	15.26	14.68
19447931	do.	139	104 120	17 <sup>.</sup> 50 17 <sup>.</sup> 0	13 <sup>.</sup> 11 14 <sup>.</sup> 5
194582 <b>7</b> 5 19468439	do. do.	141 147	110	17.5	13.03
19468427	do.	152	115	18.0	13.64
19488532	do.	146	138	17.1	16.17
19498597	do.	134	94	15.6	10 <sup>.</sup> 9
19508534 19518904	do. do.	130 161	145 157	14 <sup>.</sup> 4 18 <sup>.</sup> 1	17.63

# INFECTIOUS DISEASES.

Scarlet Fever	During	g the year	15 cases were notified.
Whooping Cough		do.	9 cases were notified.
Measles		do.	41 cases were notified.
Cerebro-spinal Me	ningitis	do.	no cases were notified.
Infantile Paralysis		do.	1 case was notified.
Erysipelas		do.	no cases were notified.
Diphtheria		do.	no cases were notified
Dysentery		do.	no cases were notified.
Encephalitis		do.	no cases were notified.

# TUBERCULOSIS.

Notified: Pulmonary - M. 10 F. 2 Non-Pulmonary - M. 1 F. 1 Deaths: do. M. 2 F. 1 do. M. 1 F. 0

# INFLUENZA.

Epidemic during the first quarter of the year.

Deaths: M. 4 F. 3

# Notifiable Infectious Diseases (other than Tuberculosis) classified according to age groups.

Disease.	Total	Age 0-4	Age 5—9	Age 10—14	Age 15–24	Over	Treated in Hospital
Diphtheria Scarlet Fever C.S. Meningitis Measles Whooping Cough Enteric Fever (Para B) Infantile Paralysis Dysentery Erysipelas Encephalitis Acute Primary Pneumonia	 15  41 9  1 	 4  13 7  	 7  15 2  	3  6  1 	3    	4	10  1  1  1 

# TUBERCULOSIS.

New Cases and Mortality during 1951.

	1	1EW	CASES	5	DEATHS				
AGE	Pulmo	onary	No Pulm	n- onary	Pulm	onary	No Pulm	on- onary	
	M	F	M	F	M	F	M	F	
Under 1 year									
1—4 years		•••		•••		•••	•••		
5—9 years			•••	•••	•••		•••	( ···	
10—14 years			1		•••	•••	•••	, ···	
15—19 years	1	• • • •	•••	1		•••		<b>}</b> ···	
20—29 years	2	1		•••		•••	1	•••	
30—39 years		•••	•••	•••	1	•••		•••	
40—49 years	$\frac{1}{4}$	•••			1	•••		•••	
50—59 years	4 2	1		•••	1	1	•••	***	
60 and over	4	1	•••			1	•••	•••	
Totals	10	2	1	1	2	1	1	•••	

## Infectious Diseases.

During 1951 with the exception of the Influenza epidemic in the early part of the year, there was no abnormal incidence of infectious diseases within the Borough.

# Diphtheria.

One of the most satisfying facts in the control of infectious diseases has been the nation wide decline in incidence and mortality from this Diphtheria. There were no cases notified within the Borough.

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#### Scarlet Fever.

This remains a mild disease. Of the 15 cases notified 10 were removed to hospital for such reasons as overcrowding in the home or some special circumstances necessitating isolation from contact in the home. Although the notification figures indicate a diminished incidence in Scarlet Fever, it is possible that notification was incomplete, but it is beyond reasonable doubt that fatality from this disease has diminished in recent years.

# Measles and Whooping Cough.

The incidence of Measles has ebbed and flowed at intervals of 2 years. During 1951, although 41 cases were notified, there were no deaths. Notification of Whooping Cough seems to indicate no appreciable decline in incidence but it is gratifying to note that the fatality rate was nil. Advances in therapentic agents with improved nursing care in recent years have helped to lower the fatality from these diseases. Less overcrowding in the houses through reduction in family size, and in some cases improved housing may also have contributed to the decline in mortality.

# Infantile Paralysis.

Although the incidence of Poliomyelitis has increased in the country generally during the last 10 years, it is satisfactory to note that only one case was notified in Abergavenny in 1951.

#### Influenza.

An increase in the incidence of Influenza was first noticed in the Borough of Abergavenny during the week ending 6th January, 1951. This formed part of the influenza epidemic. Apparently due to Virus A Prime which was widespread throughout the country at this time.

The incidence of influenza was more or less evenly distributed over all age and sex groups. The disease was of a mild form in children and adolescents, of a more moderate type in adults, and most severe in the age group 65 years and over. The duration of the influenza was approximately 4 days. Complications, when arising, usually occurred after the fifth day. Although infectivity was high, the fatality rate was low, and deaths in the main were due

to complications—Toxæmia and Influenzal Pneumonia. The peak period of this epidemic occurred in the week ending January 20th, 1951.

#### Tuberculosis.

Both the incidence of and fatality from Tuberculosis showed an upward trend in 1951 as compared with the previous year. This gives occasion for some anxiety and calls for renewed efforts from all concerned with the fight against Tuberculosis.

Although tremendous improvements have been brought about in the standards of environmental hygiene and personal health services, in the present century, there may still be outbreaks of infectious diseases due to failure of water supplies and sewerage or failure of the hygiene of milk and other food controls. Therefore, it is still the task of the Medical Officer of Health and her fellow local Government Officials to maintain constant vigilance.

I have the honour to be,
Your obedient Servant,
S. M. R. HARVEY,
Medical Officer of Health

# Water Supply.

The Town is supplied with water derived from springs situated in the Llwynddu Mountain, and collected in a covered holding reservoir of 6,000,000 gallons capacity.

Here the water is purified by subjecting it to storage and chlorination before being discharged into the services.

The yield of the springs averages some 500,000 gallons per day. Until this year the amount thus supplied was supplemented by water from a borehole with vertical shaft electric pump which could provide up to 100,000 gallons per day. During periods of prolonged drought, however, some anxiety was caused by the shortage of water and emergency supplies were negotiated for with the adjoining Rural District Council from their untreated Tyn-y-wern supply.

This last was finally unobtainable, and to prevent any future possibility of shortage, the Authority were able to reach agreement

with the Newport County Borough Council for a supplementary supply from their main which passes Abergavenny at Llanfoist. This connection was completed during the year and the town is now assured of an adequate supply of water.

The consumption of water remained fairly static at the high figure of 50 to 55 gallons per head per day.

Constant vigilance on water wastage was maintained by the Waste Water Inspector employed by the Council.

Four samples of water were taken by the Sanitary Inspector, and were found to be satisfactory. Routine tests of the water by the Reservoir Attendant with the Chlorescope ensures that complete chlorination of the water is carried out.

# Particulars regarding Water Services to Borough.

Total number of		2594				
Estimated Popula	ition	• • •	•••			8904
Number of Dwel	ling Houses su	pplied fr	om Public	Water	Main	ıs.
(i)	Direct to Ho	uses				2511
(ii)	By means of S	Standpip	es	•••		83
Estimated number	er of persons su	ipplied.				
(i)	Direct to Ho	uses				8602
(ii)	By means of S	Standpip	es			302

A small number of dwellings and farms not within the serving area of the mains involving some 18 dwellings are supplied from small private supplies.

In the case of two bungalows the private supply was found to be unsuitable.

These come within the area which can be provided with a mains supply and until this is provided, pure water for drinking purposes is being supplied by the Authority to a cistern erected near the dwellings.

## FOOD.

# Milk Supplies.

The milk retailers of the district have followed the general trend in the country to sell milk complying with the Milk Special Designations Orders.

Of the 16 retailers operating within the Borough, 9 sell Tuberculin Tested Raw Milk, 3 sell Tuberculin Tested (Pasteurised) Milk, 3 sell Pasteurised Milk, and 1 retails Raw Milk.

While of 17 samples taken, 10 proved unsatisfactory, the 7 satisfactory results showed improvement by check sampling, and the general standard of method of distribution was satisfactory. Liaison between the Farmers' Union, the Milk Advisory Service and the Health Department was set up and maintained. All adverse reports were submitted to these bodies as well as representation to the retailers themselves.

There is one Pasteurising and Bottling Plant established in the Borough, viz.: F. Franklyn, Usk Vale Dairy. These premises are, of course, under the supervision of the Medical Officer of the Monmouthshire County Council.

The one criticism I have to offer is in the provision of suitable vehicles for the transport of milk for retail. While generally separate and suitable vans are used, in one or two cases, private cars and unsuitable milk floats are used.

Apparently in this respect the very slow delivery of new vehicles is responsible for this position, orders having been given for some considerable time.

No milk diseases were reported during the year, and the cooperation of the retailers in respect of matters drawn to their notice was such that no legal action was necessary.

# Other Foods.

Byelaws under Section 15 of the Sale of Food and Drugs Act, have been in operation since July, 1950, and the Food Traders of the town should be commended for the co-operation they have shown in fostering the idea of hygiene in food handling.

No legal action was necessary, and I am anticipating that a steady increase in hygiene will be experienced as the recommended methods of food handling become normal routine.

# Clean Food Campaign.

While the organisation of a Clean Food Guild has been under consideration for some time, shortage of staff and pressure of work has prevented the scheme being commenced. However, the size of compactness of the area is such that while desirable, such a Guild is not urgently required.

The Sanitary Inspector is in constant contact with food traders in his visits to shops, restaurants and food preparing premises, and is continually impressing upon food handlers the absolute necessity for hygienic methods of food handling.

# Inspections at Food Premises during the year.

			No. of Shops.	No. of Inspections
Butchers Shops			11	24
Retail Food Shops			39	70
Restaurants (including Cafe	s and Snack	Bars)	17	30
Bakeries			8	17
Market			1	48
Slaughterhouses			1	312
Greengrocers and Wet Fish	Sales		7	14

There is, in the town, one large food factory, viz.: Usk Vale Food Factory, a smaller Mineral Water Factory, Messrs. Hansards (Whitings) Ltd., a progressive outside Caterer, Messrs. R. H Stevens & Sons, also a Grade 1 Bacon Factory, Messrs. Bonds (Cardiff) Ltd. In other small establishments, Bakery and Flour Confectionery are carried out, and 9 butchers manufacture meat preparations.

Routine inspections are carried out at all the above, and also at the 3 Fried Fish Shops established in the town.

Generally, a satisfactory standard is maintained in all the premises.

# Inspection of Food Stuffs other than Meat.

During routine inspections or by request, the following foodstuffs were examined, and found to be unfit for human consumption, after voluntary surrender by the Retailers:—

Canned F	l Meats	 801		
Bottled F	oods including ]	Jam and Sauces		 68
Foods in	Packets includir	ng Cereals, Cak	e Mixtures	 21
Tinned Ir	nported Cooked	l Hams		 46
Wet Fish				 91 lbs.
Sugar			•••	 118 lbs.
Eggs				 93 doz.
Cheese			•••	 3 lbs.
Bacon				 79 lbs.
Cereals				 152 lbs.
Dried Fru	iits			 27 lbs.
Brawn	•••		•••	 4 lbs.

No instance of such food being exposed for sale was encountered.

#### Ice Cream.

Of the 24 premises registered with this authority under the Sale of Food and Drugs Act, 1938, only 3 are used for the manufacture of ice-cream.

One of these uses the Heat Treatment, the other two adopting the cold mix method. In the case of one of the latter, excellent equipment has been installed for carrying out heat treatment, and it is anticipated that it will soon be in production. All the manufacturers comply with the Ice-Cream (Heat Treatment) Regulations, 1947.

In the case of the other retailers the practice is to purchase wrapped ice-cream from outside firms who mass-produce the product and who provide refrigerated conservers for the use of the retailers.

This system has resulted in the number of actual manufacturers being reduced since 1946 from 7 to 3, and the number of shops selling pre-packed ice-cream increasing from 4 to 21.

In addition several itinerant vendors are coming into the area, and I am of the opinion that much stricter control over these is necessary both in the type of vehicle used, and the method of distribution applied.

There is much greater danger of contamination in this method than from enclosed premises.

8 samples were taken during the year, and only two fell below the required standard.

# Prevention of Damage by Pests Act, 1949.

One full-time operator is employed under the general supervision of the Sanitary Inspector. The post became vacant during October by reason of the operative taking up other work. A replacement was made immediately, and he quickly learnt the routine of rats and mice destruction.

Throughout the year the work was carried out in a very satisfactory manner according to the Act.

Two maintenance treatments of the sewers were carried out, the results being summarised as follows:—

## Treatment No. 1 (April 9th to 21st, 1951).

Number of Manholes baited			182
Number showing complete takes			Nil
Number showing partial takes	•••		161
Number showing no takes		•••	21

# Treatment No. 2 (October 11th to 20th, 1951).

Number of Manholes baited			174
Number showing complete takes		•••	Nil
Number showing partial takes	•••	•••	127
Number showing no takes		•••	47

The method adopted was the placing of bait on the "benching" in the manholes or on trays fixed into the brickwork and provided with thick rope to allow rodents to climb to the trays. Bait and poison used were changed for the second treatment, the poison being deposited wherever a prebait take had been visited. The results were satisfactory and a lessening of surface infestation noticed after each treatment.

This routine was followed by treatment at the Sewage Works and Refuse Tips. This apart from other visits made at more frequent intervals. The attention given to this particular part of the town is justified when one considers that while some years ago it proved a prolific source of infestation for the town, the rat population has now been reduced to almost a negligible number.

#### Surface Infestation.

Routine surveying of the town area is maintained, and all complaints investigated without delay. There are now no heavy major infestations in the town.

The following is a summary of the work carried out:—

Total numl	per of premises	in the area	 2825
Do.	do.	inspected	 259
Do.	do.	infested by rats	 140
Do.	do.	treated by the Local Authority	 140
Do.	do.	heavily infested by mice	 Nil
Number of	block control	schemes carried out	 1

# FACTORIES 1937 @ 1949.

The following represents the distribution of trades in the factories in the Borough:—

idetories in the borough.—		Number of Factories	Mechanical Power used	With Power not used
Agricultural Machinery Repairs		1	1	0
Bakehouses		9	9	0
Bacon Curing		1	1	0
Beer Bottling		1	1	0
Blacksmith		1	0	1
Boot and Shoe Repairs		6	6	0
Cellulose Spraying		4	4	0
Cement Products		1	0	1
Egg Grading		1	1	0
Electrical Repairs (including Radio	0)	7	1	6
Firewood		2	2	0
Florist (Wreaths)		3	0	3
Gas Undertaking		1	1	0
Ice-Cream		3	3	0
	_			

# FACTORIES—continued.

racionis—continued.					
		Number of Factories	Mechanical Power used	With Power not used	
Ironworkers and Engineers		1	• 1	0	
Leather Products		2	2	0	
Locomotive Repairs		1	1	0	
Meat—Small Goods	•••	9	9	0	
Milk Pasteurisation and Bottling		1	1	0	
Mineral Waters		1	1	0	
Monumental Masonry		1	1	0	
Motor Repairs		9	8	1	
Printing		3	3	0	
Soft Toy Manufacturing		1	1	0	
Sugar Confectionery		1	1	0	
Tailoring		2	0	2	
Upholstery and French Polishing		1	1	0	
Welding (Acetylene & Electrical)	٠	2	2	0	
Wool Staplers.		. 2	0	2	

Outworkers: 12 outworkers are listed, and they are all concerned with the altering and repairing of wearing apparel.

74 inspections were carried out, and the following is a statement of cases from which defects were found.

# Number of cases in which defects found.

	F 1	Damadied	Referred to H.M. Insp.	By H.M. Inspector	Prosecutions Instituted
Particulars.	rouna	Kemedied	11,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1		0
Want of Cleanliness	2	4	0	2	U
	0	0	0	0	0
Unreasonable Temperature	0	0.	0	0	0
Inadequate Ventilation	on 0	0	0	0	0
Ineffective Floor and Drainage	Ü	0	0	0	0
Sanitary Convenienc (a) Insufficient	es— 1	2	0	1	0
(b) Unsuitable or Defective	1	0	0	1	0
(c) Not separate for sexes	or 0	0	0	0	0

#### HOUSING.

The repair and reconditioning of existing houses and the supply of new houses continue to provide the Council with one of its greatest problems.

The housing shortage remains acute, the types of families requiring accommodation being divided into two main groups:—

- (a) Those families, mostly young married people with one or two children, who have no home. They are generally living in apartments with in-laws or strangers. Incompatibility of temperament more often than not lead to domestic strife and means that both families concerned live in great distress.
- (b) Those people who live in sub-standard houses and/or have families larger than the capacity of the dwelling, which leads to conditions of overcrowding, mixing of the sexes, etc.

The number of applicants for Council Houses remain fairly steady at approximately 500 and the Authority, in its Points Scheme for the Allocation of Houses have tried to give just weighting to the types they consider have the greatest need.

It has also considered the question of physical disability due to War Service and any Medical condition likely to be aggravated by the conditions under which the applicant live, such points within a given maximum to be allocated by the Medical Officer of Health.

In the repair and/or reconditioning of existing houses, great difficulty has been experienced in carrying these out to a satisfactory standard, the main reasons being as follows:—

- (a) The wide gap between the cost of repair and maintenance and the income derived from a static rent has resulted in a request for a reasonable standard of fitness very often being unreasonable in cost. This means that the Authority is forced to take action for demolition in many cases because necessary repairs cannot be enforced.
  - (b) Long delays in the carrying out of repairs by contractors, due

to the shortage of building labour and the tendency of contractors to give preference to larger building contracts including the erection of new houses.

Apart from some jobbers there are 9 contractors in the town, and 4 of these concentrate almost entirely on new constructions.

During the year the Authority erected 64 new houses bringing the total number of houses now owned by the Local Authority to 448.

8 New houses were constructed by Private enterprise.

The Authority is most energetic in its endeavour to pursue a policy of continuous house construction and already preparations are being made for the development of a further site.

In this vexed question of housing accommodation, a large proportion of the Sanitary Inspector's time is taken up with investigations and review of applications, and the calculation of points within the framework of the Scheme approved by the Authority.

# HOUSING STATISTICS.

1.	Inspect	tion of Dwelling Houses during the y	ear.	
		Total number of Dwelling houses inspec Housing Defects (under Public Hea		
	F	Housing Acts)		170
	(b) N	Number of Inspections made for that pur	pose	480
2.	h	Number of dwellings (included under neading (1) above which are inspector ecorded under the Housing Conso	ed and	
		Regulations, 1925	•••	22
	(b) I	inspections made for that purpose		22
	d	Number of dwellings found to be in a s langerous or injurious to health as to be unuman habitation	nfit for	See below
		In this respect a preliminary survey of the nas revealed some 150 houses which w		

	considered by the Authority when the housing situation improves or when the opportunity arises by reason of the property becoming vacant)
60	Number of dwellings (exclusive to those referred to under the preceding sub-heading) found not in all respects reasonably fit for human habitation
	Remedy of Defects during the year without service of Formal Notice.
42	Number of defective dwelling houses rendered fit in consequence of Informal Notice action by the local Authority or their officers
	Action under Statutory Powers during the year.
	(a) Proceedings under Section 9, 10 & 16 of the Housing Act, 1936.
Nil	1. Number of dwelling houses in respect of which notices were served requiring repairs
Nil	<ul> <li>2. Number of dwelling houses which were rendered fit after service of formal notices</li> <li>(a) By Owners.</li> <li>(b) By local Authority in default of Owners.</li> </ul>
9	<ul> <li>(c) Proceedings under Public Health Acts.</li> <li>1. Number of dwelling houses in respect of which notices were served requiring defects to be remedied</li> </ul>
	2. Number of dwellings in respect of which defects were remedied after service of formal notices.
6	(a) By Owners (b) By local Authority in default of Owners.
1	(c) Proceedings under Section 12 of the Housing Act, 1936  1. Number of separate tenements or underground rooms in respect of which Closing Orders were made
	2. Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or rooms having been
Nil	rendered fit

- (d) Proceedings under Section 11 & 13 of the Housing Act, 1936.
  - 1. Number of dwelling houses demolished in pursuance of Demolition Orders ... 1
  - 2. (a) Number of dwelling houses in respect of which
    Demolition Orders were made ... 4

1

(b) Undertakings accepted that the house will not be used for human habitation

# House to House Inspections of Council Owned Houses.

Routine inspections have been carried out at the Council's Housing Estates during the year.

Verminous or dirty premises noted were dealt with immediately after inspection and if the unsatisfactory condition is not improved the matter reported to the Council.

Generally the premises are kept in good condition, but there are some tenants who require constant supervision. This is carried out as often as can be arranged.

List of repairs noted either by routine inspection or specially following reports of the rent collector, are sent to the Borough Engineer for his attention.

## MEAT INSPECTION.

During the latter years it has been more and more evident that the Abattoir is not entirely suited to the new system of meat distribution. It was undoubtedly quite adequate for the use of the individual butchers before meat rationing came into being, but, for slaughter for wholesale distribution it falls short.

While the structure or fabric of the Abattoir can hardly be improved upon, the layout of the slaughtering halls and lairages with complete absence of the cooling rooms form the crux of the matter.

The effect on meat production is twofold, viz.—

- (a) The lack of suitable facilities means that carcases are not handed over in as good a condition as would otherwise exist.
- (b) The rate of slaughtering is of necessity slower.
- (c) The Abattoir is not being used to its fullest capacity. With suitable conversion this could be increased by at least four times its present output.
- (d) The relative situations of lairage and the slaughtering halls means that animals have to be dragged across an open yard, during the process of which some damage must inevitably be caused to the ensuing carcase.

Upon consideration of these and other facts the Local Authority made representation to the Ministry of Food for their agreement to a scheme of reconstruction and upon a deputation being received at the headquarters of the Meat & Livestock Division, it was agreed that the Ministry would agree in principle to the scheme and that they would furnish the Authority with their plans for a suggested improvement.

At the present time the Abattoir supplies the Town of Abergavenny, Crickhowell and District, and certain portions of the Rural areas around.

During the year daily visits were made to the Abattoir for the purpose of carrying out a 100% inspection of all animals slaughtered.

The tables given below show the number of animals killed, particulars of meat condemnation and incidence of disease.

3 T	- 1		1 111	
NIII	mh	or	71	led :
1 N U		<b>ノ</b> に 1	$\mathbf{r}_{11}$	Cu.

Cattle.	Calves.	Sheep & Lambs.	Pigs.
1023	663	5704	2774

Number inspected:

All Diseases except Tuberculosis:

Carcase of which	some part or or	gan was condemned—	
Cattle.	Calves.	Sheep & Lambs.	Pigs. 27
<b>5</b> 83 ,	15	033	41

Percentage of the number inspected with disease other than Tuberculosis—13.63%.

Nil

Tuberculosis only:

4

Whole carcas Cattle. 4	ses condemned— Calves. Nil	Sheep & Lambs. Nil	Pigs. 2
Part carcases	condemned—		

Nil

Nil

Carcase of which	some part or or	gan was condemned—	
Cattle.	Calves.	Sheep & Lambs.	Pigs.
42	2	Nil	83

Percentage of the number of animals killed affected with Tuberculosis—1 29%.

Percentage of the number of cattle killed affected with Tuberculosis—4.49%.

Total weight of carcase meat condemned—6 tons 12 cwts. 1 qr.

Total weight of offal condemned—5 tons.

# RAINFALL IN 1951.

Rain Gauge ... Diameter of Funnel, 5 inches.

Height of Top Above Ground 1 ft.

Situation: Bailey Park.

Month.				Total Depth Inches.
January				4.60
February				5.80
March	•••			4.40
April			•••	2:30
May				3.40
June				.80
July				.90
August				·40
September				4.50
October				1.00
November				10 <sup>-</sup> 10
December			•••	4.20
		TOTAL		42.4

ROGER J. HOWELLS,
Sanitary Inspector.





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